07/22/2011 16:05

# **FORM 3X**

FE6AN026

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

_		For Oth	her Than An	Authorize	ed Commi	ttee		Office Use (	Only
1.			C MAILING LAE	_	xample:If typir ver the lines	ng, type		• • •	
	Marijuana Policy Project Medi	cal Mariju	uana PAC or MP	P Medical M	arijuana PAC				
							1 1 1 1		
AD	DRESS (number and street)	POB	ox 77492 Cap	itol Hill					
г	Check if different								
L	than previously reported. (ACC)	Wash	nington				DC	200	13
2.	FEC IDENTIFICATION NUM	BER	<b>—</b>	CITY 🛦		;	STATE	ZI	PCODE A
	C00389882			3. IS THIS REPOR	Т	NEW (N) OR		MENDED A)	
4.	TYPE OF REPORT (Choose One)	` ′	Monthly Report Due On:	Feb 20 (M:	2)	May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:			Mar 20 (M	3)	Jun 20 (M6)	Se	p 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M	1)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q		c) 12-Day		Primary (12	2P)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report(Q2	2)	PRE-Election Report for the		Convention		Special		
	October 15 Quarterly Report(Q3	3)	neport for t	ile.	Convention	(120)	Special	(12G)	
	January 31 Quarterly Report(YE	≣)	E	Election on					the tate of
	X July 31 Mid-Year Report(Non-election Year Only) (MY)	1 (0	d) 30-Day  Post -Elect  Report for t		General (3)	0G)	Runoff	(30R)	Special (30S)
	Termination Report (TER)		,	Election on					the tate of
5.	Covering Period 0 1	С	201	1	through	0 6	3 0	2011	
Ice	ertify that I have examined this F	Report and	d to the best of r	ny knowledge	e and belief it	is true, correct	and complete	l.	
Тур	oe or Print Name of Treasurer	Robe	ert D. Kampia						
Sig	nature of Treasurer Electron	nically File	ed by Robert [	D. Kampia		D	ate 0.7	22	2011
NO	TE : Submission of false, erron	eous, or	incomplete infor	mation may s	subject the pe	rson signing thi	s Report to th	ne penalties of	2 U.S.C 437g.
	Office Use								ORM 3X 12/2004)

FEC Form 3X (Rev. 02/2003)

### SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

		Calendar Year-to-Date
Cash on Hand January 1 2011		27555.77
O) Cash on Hand at Begining of Reporting Period	27555.77	
e) Total Receipts (from Line 19)	4535.00	4535.00
l) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32090.77	32090.77
otal Disbursements (from Line 31)	20870.00	20870.00
ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	11220.77	11220.77
ebts and Obligations owed TO e committee (Itemize all on chedule C and/or Schedule D)	10000.00	
ebts and Obligations owed BY e committee (Itemize all on	0.00	
	Cash on Hand at Begining of Reporting Period	Cash on Hand at Begining of Reporting Period

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

м м 0 1 0 1 м°м 06 3 0 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 880.00 880.00 (i) Itemized (use Schedule A) ...... 3655.00 3655.00 (ii) Unitemized ..... (iii) TOTAL (add 4535.00 4535.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 4535.00 4535.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) .....

FE6AN026

(b) Levin Funds (from Schedule H5) ......

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) ......

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

0.00

0.00

4535.00

4535.00

0.00

0.00

4535.00

4535.00

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... **Total Operating Expenditures** 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party -2000.00 -2000.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 6370.00 6370.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) ..... 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 10000.00 10000.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 6500.00 6500.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 20870.00 20870.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 20870.00 20870.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	4535.00	4535.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4535.00	4535.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 20 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Marijuana Policy Project Medical Ma	ne name and addre	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James H Cook Mailing Address 43 Musconetcong Riv City Hampton FEC ID number of contributing federal political committee.  Name of Employer	ver Rd State NJ C	Zip Code 08827-3021	Date of Receipt    M M M
Receipt For: 2011  X Primary General Other (specify)	Consulting	/ear-to-Date ▼ 240.00	]
Full Name (Last, First, Middle Initial) James H Cook Mailing Address 43 Musconetcong Riv	Date of Receipt  0 3 2 8 2 0 1 1		
City	State	Zip Code	Transaction ID: SA11AI.11364
Hampton FEC ID number of contributing federal political committee.	C	08827-3021	Amount of Each Receipt this Period  120.00  78500634 MMXXXPXXXXX PAC
Name of Employer self-employed  Receipt For: 2011  X Primary General  Other (specify) ▼	Occupation Consulting Aggregate Y	'ear-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) James H Cook			Date of Receipt
Mailing Address 43 Musconetcong Riv	ver Rd		0 4 2 8 2 0 1 1
City Hampton	State NJ	Zip Code 08827-3021	Transaction ID: SA11AI.11429  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		120.00
Name of Employer self-employed	Occupation Consulting	1	78500634_MMXXXPXXXXX_PAC
Receipt For: 2011  X Primary General  Other (specify) ▼	_, '	/ear-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)			360.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 20 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Marijuana Policy Project Medical Ma	he name and add	ress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James H Cook Mailing Address 43 Musconetcong Riv City Hampton FEC ID number of contributing federal political committee.	State NJ	Zip Code 08827-3021	Date of Receipt    M M
Name of Employer self-employed  Receipt For: 2011  X Primary General  Other (specify) ▼	Occupation Consulting Aggregate		]
Full Name (Last, First, Middle Initial) James H Cook Mailing Address 43 Musconetcong Riv	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y		
City	State	Zip Code	Transaction ID: SA11AI.11526
Hampton FEC ID number of contributing federal political committee.	NJ C	08827-3021	Amount of Each Receipt this Period  120.00  78500634 MMXXXPXXXX PAC
Name of Employer self-employed  Receipt For: 2011  X Primary General  Other (specify) ▼	Occupation Consulting Aggregate		]
Full Name (Last, First, Middle Initial) Michael Newman			Date of Receipt
Mailing Address 27141 Lerma			05 22 2011
City Mission Viejo	State CA	Zip Code 92691-2103	Transaction ID: SA11AI.11451  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1	50.00
Name of Employer Self Employed	Occupation hearing in	strument specialist	78506615_MMXXXPXXXXX_PAC
Receipt For: 2011  X Primary General  Other (specify) ▼	<del>-, '</del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			290.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 20 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Marijuana Policy Project Medical Mari	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Newman Mailing Address 27141 Lerma  City Mission Viejo  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: 2011  X Primary General	State CA C Occupatior hearing ir	Zip Code 92691-2103	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William M Waring Mailing Address 152 Berrywood Dr  City Severna Park  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: 2011  X Primary General Other (specify) ▼	State MD C Occupation Consultin Aggregate	Zip Code 21146-2032	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William M Waring  Mailing Address 152 Berrywood Dr  City Severna Park  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: 2011  X Primary General Other (specify)	State MD  C  Occupation Consultin Aggregate		Date of Receipt    M
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				n for the purpose of soliciting contributions
$\overline{\ \ }$	, ,	na PAC o	r MPP Medical Marijuana PA	ıc
	William M Waring  Mailing Address 152 Berrywood Dr			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Severna Park	State MD	Zip Code 21146-2032	Transaction ID: SA11AI.11504  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00 78556370 MMXXXPXXXXX PAC
	Salf-amployed 1	Occupation Consultin		70000070_WWXXXX XXXXX_1 AO
	Receipt For: 2011  X Primary General Other (specify) ▼		Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	60.00
TOTAL This Period (last page this line number only)	<b>•</b>	880.00

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District:

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Full Name (Last, First, Middle Initial)				Transa	ction I	D:	SB22.	116	10		
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Candidate Name INDIANA DEMOCRATIC CONGRESSIONA	AL VICTORY COMMITTEE	Category/ Type									
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)										
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Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana Medical Marijuana PAC	PAC or MPP			<b>Transa</b> Date of			SB22. ment	116	11		
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	State: President District:	Other (specify)										

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	an Burton for Congress			atego Type	•							
	office Sought:    House   Disburs     Senate     President     tate:   District:	ement For: Primary Gene Other (specify) ▼	eral									
	ull Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuar Medical Marijuana PAC	na PAC or MPP				Date	action of Disk	oursen	SB23			Y
M	failing Address PO Box 77492 Capito	l Hill				0 6	/	3 (	<u>ַ</u>	2	0 1 1	
	ity Vashington	State Zip Code DC 20013				Amou	nt of E	ach D	isburs	ement	t this P	erio
P C	urpose of Disbursement contribution of 11/1/06 was never accepted			011		L.				-50	00.00	
_	andidate Name ROBERT WEXLER FOR CONGRESS CO	DMMITTEE		atego Type								
R	° H	ement For:	ral									
Ō	Senate President tate: District:	Other (specify)	· ai									

TEMPER BIODURGEMENTS	Use separate schedule(s)	(check o	IE NUMBER: PAGE 15 / 20 nly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full)  Marijuana Policy Project Medical Mariju	me and address of any political	committee to s	solicit contributions from such committee
Full Name (Last, First, Middle Initial)  Marijuana Policy Project Medical Mariju Medical Marijuana PAC  Mailing Address PO Box 77492 Capi			Transaction ID: SB23.11619 Date of Disbursement  M 6 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution of 1/31/07 was never accepted Candidate Name		011 Category/	-1000.00
ALAN MOLLOHAN FOR CONGRESS COnflice Sought:    X	OMMITTEE rsement For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial)  Marijuana Policy Project Medical Mariju Medical Marijuana PAC  Mailing Address PO Box 77492 Capi			Transaction ID: SB23.11620 Date of Disbursement  M 6 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution of 3/29/07 was never accepted Candidate Name CIRO D. RODRIGUEZ FOR CONGRES	S	011 Category/ Type	-1000.00
Office Sought:  X House Senate President State: TX District: 23	rsement For: Primary General Other (specify)	•	
Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Mariju Medical Marijuana PAC			Transaction ID: SB23.11621 Date of Disbursement
Mailing Address PO Box 77492 Capi			M6 M / D3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period -100.00
Purpose of Disbursement Contribution of 4/19/07 was never accepted Candidate Name HILLARY CLINTON FOR PRESIDENT	EXPLORATORY COMMIT	011 Category/ ΓΕΕ Τуре	
NC. Office Sought: House Disbu Senate X President State: District: 00	rsement For: Primary General Other (specify)		

A.

В.

District:

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 16 / 20								
ITEMIZED DISBURSEMENTS	for each category of the	(cneck only		Ć.	· -		T	<b>–</b>	_	1 05	_	1
	Detailed Summary Page		21b 27	ш	22 28a	′ `	23   28b	24 28c	-	25 29	$\vdash$	26 30b
Any Information copied from such Reports and Stateme	ente may not be sold or used	t by an				_			ontri		<u>,                                    </u>	300
or for commercial purposes, other than using the name											>	
NAME OF COMMITTEE (In Full)												
Marijuana Policy Project Medical Marijuana	PAC or MPP Medical N	/larijua	ına PA	С								
Full Name (Last, First, Middle Initial)				Т	ransa	ctic	n ID:	SB23	.116	522		
Marijuana Policy Project Medical Marijuana Medical Marijuana PAC	PAC or MPP			[	Date of	Dis	burse	ment				
				-	0 <sup>M</sup> 6 M	7	<sup>D</sup> 3	0 /	Ý ,	0 1	ı Y	
Mailing Address PO Box 77492 Capitol	HIII			Ι.	O Ö	_	Ų			. 0 1	_	
•	State Zip Code			1	4moun	t of	Each	Disburse	emer	nt this I	Perio	od
Washington	DC 20013						-		4.0			
Purpose of Disbursement			· ·						- i C	00.00	,	
Contribution of 12/18/07 was never accepted			011									
Candidate Name HODES, PAUL W		Cate Ty										
Office Sought: X House Disburse	mont For:	ıy	ρ <del>c</del>									
Senate	Primary General											
President	Other (specify)											
State: NH District: 02	· · · · · · ·											
Full Name (Last, First, Middle Initial)				Т	ransa	ctio	n ID:	SB23	116	323		
Marijuana Policy Project Medical Marijuana Medical Marijuana PAC	PAC or MPP				Date of	Dis	burse				Υ	
Mailing Address PO Box 77492 Capitol	Hill				0 6	]	3	0	2	0 1 ·	1	
,	State Zip Code			1	4moun	t of	Each	Disburse	emer	nt this I	Perio	od
Washington	DC 20013								0.5	.00.00		
Purpose of Disbursement									-25	00.00	)	
Contribution of 12/18/07 was never accepted		0.										
Candidate Name DEMOCRATIC FRESHMEN PAC		Cate Ty	0 ,									
Office Sought: House Disburser	ment For:											
Senate	Primary General											
President	Other (specify)											

SUBTOTAL of Disbursements This Page (optional)	•	-3500.00
TOTAL This Period (last page this line number only)	<b>•</b>	6370.00

State:

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b X 27	NUMBER: PAGE 17 / 20 y one)  22
	y Information copied from such Reports and St or commercial purposes, other than using the	•		, ,
$\rangle$	NAME OF COMMITTEE (In Full) Marijuana Policy Project Medical Mariju	uana PAC or MPP Medical Ma	rijuana PAC	;
	Full Name (Last, First, Middle Initial)  Marijuana Policy Project Medical Mariju Medical Marijuana PAC  Mailing Address PO Box 77492 Cap			Transaction ID: SB27.11629 Date of Disbursement  O 6
	City Washington Purpose of Disbursement	State Zip Code DC 20013		Amount of Each Disbursement this Period 10000.00
	Candidate Name Marijuana Policy Project Foundation		Category/ Type	
	Office Sought:    House   Disk     Senate   President     State: District:	ursement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	<u> </u>	10000.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE N					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29				
Any Information copied from such Reports and State or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ne and address of any political con	mmittee to solid					
Marijuana Policy Project Medical Marijuan	a PAC or MPP Medical Mar 	rijuana PAC					
Full Name (Last, First, Middle Initial)  Marijuana Policy Project Medical Marijuan Medical Marijuana PAC  Mailing Address PO Box 77492 Capito			Transaction ID: SB29.11601 Date of Disbursement  O 2 D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z				
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period				
Purpose of Disbursement		011	500.00				
Candidate Name Doug Linkhart for Mayor		Category/ Type					
	ement For: 2011  Primary General  Other (specify)						
Full Name (Last, First, Middle Initial)  Marijuana Policy Project Medical Marijuar Medical Marijuana PAC	a PAC or MPP		Transaction ID: SB29.11595 Date of Disbursement				
Mailing Address PO Box 77492 Capito			$\begin{bmatrix}\begin{smallmatrix}\mathbf{M}&\mathbf{M}&\mathbf{M}\\0&2&\mathbf{M}\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{bmatrix}\mathbf{D}&2&5\\2&5\end{bmatrix}\end{bmatrix}/\begin{bmatrix}\mathbf{Y}&\mathbf{Y}&\mathbf{Y}&\mathbf{Y}&\mathbf{Y}\\2&0&1&1\end{bmatrix}$				
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period				
Purpose of Disbursement		011	500.00				
Candidate Name Shumlin for Governor		Category/ Type					
	ement For: 2012 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)  Marijuana Policy Project Medical Marijuan Medical Marijuana PAC	a PAC or MPP		Transaction ID: SB29.11598 Date of Disbursement				
Mailing Address PO Box 77492 Capito	l Hill		$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I & I \end{bmatrix} $				
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Perio				
Purpose of Disbursement		011	3000.00				
Candidate Name Romer for Mayor		Category/ Type					
Senate President	ement For: 2011 Primary X General Other (specify)						
State: District:							
SUBTOTAL of Disbursements This Page (optional)			4000.00				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	<ul><li>Use separate schedule(s)</li></ul>	FOR LINE (check only 21b 27	NUMBER: PAGE 19 / 20 y one)  22
	y Information copied from such Reports and or commercial purposes, other than using	,	, ,	· ·
$\rangle$	NAME OF COMMITTEE (In Full) Marijuana Policy Project Medical M	arijuana PAC or MPP Medical Mar	ijuana PAC	)
	Full Name (Last, First, Middle Initial)  Marijuana Policy Project Medical M.  Medical Marijuana PAC  Mailing Address PO Box 77492 (			Transaction ID: SB29.11596 Date of Disbursement  O 6 2 1 2 0 1 1
	City Washington Purpose of Disbursement	State Zip Code DC 20013	011	Amount of Each Disbursement this Period 2500.00
	Candidate Name Shumlin for Governor		Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: 2012  X Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	6500.00

### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 20 / 20 FOR LINE 13 OF FORM 3X

	Detailed Suffillary Fage						
NAME OF COMMITTEE (In Full)							
Marijuana Policy Project Medical Marijuana PAC or MPP N	Medical Marijuana PAC						
	Transaction ID: SC/9.11629						
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:						
Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC	Primary						
·	General						
Mailing Address PO Box 77492 Capitol Hill	Other (specify)						
City Washington State DC	ZIP Code 20013						
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period						
10000.00	0.00 10000.00						
TERMS							
Date Incurred Date	Due Interest Rate Secured:						
M M D D Y Y Y Y Y 0 0 6 2 0 2 0 1 1							
06 20 2011	% (apr) YesX No						
List All Endorsers or Guarantors (if any) to Loan Source							
Full Name (Last, First, Middle Initial)	Name of Employer						
(							
Mailing Address	Occupation						
	Amount						
City State ZIP Code	Guaranteed						
	Outstanding:						
Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
	Amount						
City State ZIP Code	Guaranteed						
	Outstanding:						
Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
	Amount						
City State ZIP Code	Guaranteed						
,	Outstanding:						
Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
	Amount						
City State ZIP Code	Guaranteed						
State ZIF Gode	Outstanding:						
SUBTOTALS This Period This Page (optional)							
- , ,							
TOTALS This Period (last page in this line only)	10000.00						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.							